

三种大黄醇提片治疗急性胃、十二指肠 溃疡出血 312 例观察

上海市香山中医医院(200020)

周鹤鸣 焦东海 华宝芬 高雅萍 钱尚统 王 俊

上海中药制药一厂 奚永林

内容提要 用三种不同产地、不同品种的大黄所制成的大黄醇提片,治疗胃、十二指肠出血 312 例,作双盲疗效观察,三组的总有效率分别为 90.8%, 93.7%, 92.8% ($P > 0.05$)。所取得的临床止血疗效相似,分别为 57.1、53.4、56.0 小时 ($P > 0.05$)。这三种大黄醇提片具有相同的肯定疗效。

关键词 大黄醇提片 双盲随机 正品大黄 瘀血 潜血试验

我们为了探讨各个产地的不同品种大黄所制成的大黄醇提片对胃、十二指肠溃疡出血的疗效,1985 年 6~12 月期间用三种不同品种、不同产地的大黄醇提片对急性胃、十二指肠溃疡出血进行双盲临床观察,现报告如下。

临床资料

本组 312 例急性胃与十二指肠出血患者,均为呕血(鲜血或咖啡色)或排出棕黑色~黑色大便,用联苯胺法作大便或呕吐物隐血试验为阳性,待出血停止后作胃肠钡剂 X 线摄片或胃镜检查确诊者。

312 例患者年龄 16~82 岁,平均 36 岁。分为三组。第一组 76 例,平均年龄 40 岁。胃病史 > 5 年者 42 例, < 2 年者 23 例, 2~5 年者 11 例;出血次数 2~5 次者 40 例, < 2 次者 22 例, > 5 次者 14 例;出血天数 < 2 天者 40 例, 2~5 天 18 例, > 5 天者 18 例。第二组 96 例,平均年龄 36 岁。胃病史 > 5 年者 67 例, < 2 年者 20 例, 2~5 年者 9 例;出血次数 2~5 次者 49 例, < 2 次者 43 例, > 5 次者 4 例;出血 < 2 天者 74 例, 2~5 天者 19 例, > 5 天者 3 例。第三组 140 例,平均年龄 32 岁。胃病史 > 5 年者 100 例, < 2 年者 33 例, 2~5 年者 7 例;出血次数 2~5 次

者 84 例, < 2 次者 35 例, > 5 次者 21 例;出血 < 2 天者 65 例, 2~5 天者 47 例, > 5 天者 28 例。

发病原因以十二指肠球部溃疡居多(59.9%),其他依次为胃炎(16.9%)、胃溃疡(13.4%)、复合溃疡(9.6%)。其中第一组 76 例,十二指肠球部溃疡患者 46 例,胃溃疡 10 例,复合溃疡 7 例,胃炎 13 例;第二组 96 例,十二指肠球部溃疡 48 例,胃溃疡 23 例,复合溃疡 7 例,胃炎 18 例。第三组 140 例,球部溃疡 93 例,胃溃疡 9 例,复合溃疡 16 例,胃炎 22 例。

从以上三组病例的年龄、胃病史、反复出血次数、出血天数以及病因学的统计都存在相似性和可比性。

治疗方法

一、药物:由上海中药制药一厂提供三种产地不同、品种不同的正品大黄所制成的大黄醇提片,分别以 I、II、III 号为代表,作临床双盲随机对比研究,待研究结束后才宣布。三种不同品种是: I 号为药用大黄又名马蹄大黄或叫四川大黄 (*Rheum officinale* Baill); II 号为掌叶大黄,产于甘肃、青海,又名北大黄或葵叶大黄 (*Rheum palmatum* L); III 号为唐古特大黄,又名鸡爪大黄 (*Rheum tang-*

uticum Maxim ex Balf), 产于甘肃、青海。

三种大黄醇提片均每片重 0.26g, 含生药 1g。

二、方法: 第一、二、三组分别用 I、II、III 号大黄醇提片治疗, 剂量均每次 3 片, 每日 3 次。由于 III 号大黄醇提片药厂提供量较多, 故以 I、II、III 号按 1:1:2 的比例以抽签法决定服用大黄醇提片的种类。患者入院后一般不禁食, 开始饮流汁逐渐随病情好转过渡到普食, 不用其他中西止血药, 但可予酌情补液, 极少数大量出血严重贫血者酌情输血, 如出血不止内科止血失败时可考虑手术治疗。服药至大便潜血试验转为阴性或弱阳性停药。待血止后都作胃镜或胃肠钡剂 X 线检查以进一步明确诊断, 随后按内科常规服药治疗。

结 果

一、疗效评定标准: 显效: 服药后 72 小时内潜血试验转为阴性或弱阳性者; 有效: 服药后 3~7 天内大便潜血试验转为阴性或弱阳性者; 无效: 服药后 7 天以上大便潜血试验仍阳性或转为阴性, 以及治疗过程中突然大出血而行外科手术者。

二、结果: 312 例中显效 165 例 (52.9%); 有效 124 例 (39.7%); 无效 23 例 (7.4%)。总有效率 92.6%。三组疗效比较见附表。

附表 三种大黄醇提片疗效对比

组别	例数	显效例	显效 %	有效例	有效 %	无效例	无效 %	总有效例	总有效 %
I	76	42	55.3	27	35.5	7	9.2	69	90.8
II	96	54	56.3	36	38.5	6	6.3	90	93.7
III	140	69	49.2	61	43.6	10	7.1	130	92.8

注: 三组疗效比较, 差异无显著性意义 ($P>0.05$)

312 例患者平均止血时间 (即大便潜血转

阴时间) 为 55.5 小时。其中 I 组为 57.1 小时; II 组为 53.4 小时; III 组为 56.0 小时, 三组 $P>0.05$, 说明三组平均止血时间无显著差异。

三、副作用: 大部分患者服药后大便时脐周稍有疼痛, 但腹痛随着大便排出而消失, 不须特殊处理。服大黄醇提片后大便次数平均每天 2 次, 比生大黄的峻泻作用显著缓和, 因此患者乐于接受。

讨 论

312 例急性胃、十二指肠出血患者服用三种完全不同品种的大黄醇提片, 双盲随机对比治疗结果表明, 此三种完全不同品种的大黄醇提片所取得临床止血疗效是相似的。三种虽然产地不同, 品种不同, 但都具有廉、简、验、便的优点。故这三种不同品种的大黄都可作为大黄醇提片的药源。

中医谓瘀血不去, 新血不生; 瘀血不去血不归经。《神农本草经》: 大黄“主下瘀血”。主张见血休止血, 首当祛瘀。1700 年前张仲景曰“血自下, 下者愈。”据此采用大黄治疗上消化道出血。现代医学研究亦证明, 大黄醇提片有改善微循环的作用⁽¹⁾, 其治疗胃、十二指肠出血, 也已经过反复验证与临床药理研究证实, 疗效确实^(2,3)。

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differentiation of symptoms and signs on the basic theories of TCM. The therapeutic effect of prescription II was more satisfactory than that of prescription I. Changes of plasma TXB₂ and PGF_{1α} in the experimental animals were more significant than those both in the control group and in the group treated with prescriptions I and II ($P < 0.01$), but in the liver only the ratio of TXB₂ and PGF_{1α} was lower than that in normal animals ($P < 0.01$). Though both prescriptions I and II were effective in decreasing the levels of TXB₂ and PGF_{1α}, and prescription II was more effective than prescription I, they had no noticeable effect on regulating their ratio. It has proved in clinical observations and animal experiments that blood-cooling and circulation-promoting Chinese herbal medicine and prescriptions with their dosages changed according to differentiation of symptoms and signs on the basic theories of TCM are effective both in decreasing TXB₂ and PGF_{1α} and in regulating their ratio.

(Original article on page 141)

Comparative Clinical Observation on Rheumatoid Arthritis Treated by Triptolide and Ethyl Acetate Extract of *Tripterygium wilfordii*

Su Dafu(舒达夫), Song Yuejin(宋跃进), Li Ruilin(李瑞林)*

Hubei Academy of Traditional Chinese Medicine and Pharmacy; Wuhan (430074)

*Honghu TCM Hospital, Hubei

It was satisfactory using the ethyl acetate extract of *Tripterygium wilfordii* (TW) to treat rheumatoid arthritis (RA). The results showed that the ethyl acetate extract of TW was the effective component part of TW. Although the therapeutic effect of 15 cases with RA cured by triptolide was as effective as the ethyl acetate extract of TW, triptolide could impair some patients' hearts. This suggested that triptolide was one of the main effective elements of TW, but it was also one of the main toxic elements. Clinical research indicated that: (1) the effect of TW in treating RA was the synergistic action of elements with triptolide as the main; (2) triptolide may act as a major standard of controlling the quality of the preparation of TW and assure clinical use safely.

(Original article on page 144)

Vegetative Nervous Function and IL-2 Receptor in Patients with Vertigo

Luo Zhiqiang(罗致强), et al

Department of TCM, Department of Pathophysiology,

Sun Yat-Sen University of Medical Sciences, Guangzhou (510080)

The authors used Wenger's vegetative nervous balance factor analysis to measure vegetative nervous function of 75 patients with vertigo revealing enhancement of sympathetic nervous function. The proliferation activity of IL-2 receptor was determined by the amount of ³H-TdR incorporated cpm in the peripheral blood lymphocyte after exogenous IL-2 stimulation (Lymphocult-T). The authors used this technique to measure the activity of IL-2 receptor in 49 patients with hepatitis and vertigo. The results showed that the activity of IL-2 receptor in patients with or without vertigo was lower than the controls ($P < 0.001$). And patients with vertigo showed lower activity of IL-2 receptor than that without ($P < 0.01$). In these patients with asthenia-syndrome the activity of IL-2 receptor was lower than those with sthenia syndrome. The activity of IL-2 receptor in these patients with long course was lower than those with short course. The difference of sex and age was not significant. The above results suggest that "Wind" in TCM might be related to the enhancement of sympathetic nervous function and the activity of IL-2 receptor.

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Observation on 312 Cases of Gastric and Duodenal

Ulcer Bleeding Treated with Three Kinds of Alcoholic Extract Tablet of Rhubarb

Zhou Heming(周鹤鸣), Jiao Donghai(焦东海), et al

Shanghai Xiang Shan TCM Hospital, Shanghai (200020)

The alcoholic extracted tablets of rhubarb have been studied medically in this hospital for 10 years. They were divided into three groups, namely, *Rheum officinale* Baill, *Rheum palmatum* L, and *Rheum tanguticum* Maxim ex Balf. By using double-blind measurement of effect, the efficiencies of the groups appeared to be 90.7%, 93.7%, and 92.8% respectively. The time taken for the stool occult blood changing from positive into negative was 57.1, 53.4, and 56 hours respectively ($P > 0.05$). The medical difference is not significant. This shows that they are efficient in curing the upper digestive